

**Planning Office Use**

- ☐ **Short Term License - \$ 25.00 per day**  
☐ **Long Term License - \$ 500.00 per year**



**APPLICATION FOR ROADSIDE VENDOR LICENSE**  
**PROCEDURE FOR APPLICATION**

1. A scaled site plan of the property which indicates:
  - ❖ property lines, property size and zoning
  - ❖ existing structures with the uses of each structure labeled
  - ❖ any proposed structures with the use of each structure labeled
  - ❖ license display area
  - ❖ driveways and walks
  - ❖ parking area as required the Talbot County Code
  - ❖ well and septic
  - ❖ location and size of sign if one will be used
  - ❖ location of any other vendor within 3,000 feet regardless of political jurisdiction
  - ❖ approval letter from the Talbot County Health Department, if applicable
2. A scaled floor plan of the structures to be used for the Road Side Vendors
3. Written permission from property owner(s)
4. A check \$ 25.00 per day for Short Term Vendors or \$ 500.00 per year for Long Term Vendors application fee, payable to Talbot County, Maryland.

**APPLICANT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST., ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**PROPERTY OWNER : ( property owner must provide written permission to applicant)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, ST., ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**TAX MAP**\_\_\_\_\_ **GRID** \_\_\_\_\_ **PARCEL**\_\_\_\_\_ **LOT**\_\_\_\_\_ **ZONING**\_\_\_\_\_

**NAME OF BUSINESS** \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_\_\_

**BRIEF DESCRIPTION OF OPERATION INCLUDING MERCHANDISE OR  
PRODUCTS TO BE SOLD: (use additional sheet if necessary)**

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\_\_\_\_\_ **Hours of operation?**

\_\_\_\_\_ **How many employees?**

\_\_\_\_\_ **What is the total square footage utilized for the roadside vendor area?**

\_\_\_\_\_ **Is the property located in the gateway overlay zone for which additional  
restrictions apply?**

\_\_\_\_\_ **Dates of Operation**

**Do you store materials associated with your business? If yes, where?**

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I understand that it will be necessary for a Planning Office representative to inspect the premises on which I will be operating the roadside vendor operation before being issued a License to Operate a Roadside Vendor. I will call 410-770-8030 to make an appointment for the inspection. Additionally, I understand that the issuance of this license does not eliminate the need to obtain the required approvals of other State and County agencies.

**CERTIFICATION:** We, as the operator and the property owner for the roadside vendor application certify that all the information is true and correct, and understand that misrepresentation is grounds for denial and/or revocation of the permit. I understand that all facilities associated with the Roadside Vendor is to be removed immediately upon discontinuation of business or expiration of license.

\_\_\_\_\_  
Signature of Roadside Vendor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

***OFFICE USE ONLY***

ADDRESS OF ROADSIDE VENDOR \_\_\_\_\_

**APPROVALS:**

ZONING INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

PLANNING OFFICE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS / CONDITIONS: \_\_\_\_\_

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